

1101620, 119

CLAIMS AS FILED - PART I

(Column 1) (Column 2)

FOR	NUMBER FILED	NUMBER EXCLUDED
BASIC FEE (1) CFR 1.16(0))		
TOTAL CLAIMS (1) CFR 1.16(1))	entries 20 +	
INDEPENDENT CLAIMS (1) CFR 1.16(0))	entries 3 +	
MULTIPLE DEPENDENT CLAIMS/SEARCHES (1) CFR 1.16(0))		

* If the difference in columns 1 is less than 100, enter '0' in column 2.

SMALL ENTITY	
RATE	FEES
11.....	1.....
11.....	1.....
11.....	1.....
TOTAL	

SMALL ENTITY	
RATE	FEES
Off	\$...
Off	\$1.....
Off	\$1.....
Off	\$1.....
Off	TOTAL

CLAIMS AS AMENDED - PART II

(Column 1) (Column 2) (Column 3)

AMENDMENT A	CLASIS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	AMENDMENT B		
				AMENDMENT	NUMBER	
Total 131 CFA 14600		45	Minus	85		
Independent 131 CFA 14600		3	Minus	6		
FIRST PRESENTATION OF MAJOR DEPENDENT CLAIM 131 CFA 14600						

FIRST PRESCRIPTION OR MAJOR DEPENDENCE DRUG, ANESTHETIC

SMALL ENTITY	
NAME	ADDITIONAL FEE
<u>25</u>	
<u>100</u>	
<u>11</u>	
TOTAL ADD. FEE	

OTHER THAN SMALL ENTITY		
	RATE	ADDI TIONAL FEE
OR	<u>x \$ 50.</u>	
OR	<u>x \$ 200</u>	
OR	<u>45</u>	
OR	TOTAL 1000.00	

AMENDMENT 8		(Column 1)	(Column 2)	(Column 3)
		CLAIMS REMAINING AFTER AMENDMENT 8	HIGHEST NUMBER PREVIOUSLY PAID (OR 0)	PRESENT EXTRA
	Total (SF 1090-1600)	42	Names	45
	Independent (SF 1090-1600)	3	Names	3

THIS PRESENTATION OF MULTIPLE DEPENDENT CLAIMS IS FOR INFORMATIONAL PURPOSES ONLY.

RATE	ADDITIONAL FEE
1	
1	
1	
TOTAL	ADDITIONAL FEE

RATE	ADDITIONAL FEE
1	
2	
3	
TOTAL	ADDITIONAL FEE

AMENDMENT C	(Column 1)		(Column 2)		(Column 3)	
	CLAIMS REMAINED AFTER AMENDMENT	STATUS	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT NUMBER	PRESENT STATUS	PRESENT NUMBER
Initial Presentation		Status	**			
Independent Presentation		Status	***			

111 PRESENTATION OF MULTIPLE DEPENDENT CLAIMS (111.CSR.1.15.01)

RATE	ADDITIONAL FEE
\$ ____	
\$ ____	
\$ ____	
TOTAL	ADDITIONAL FEE

RATE	ADDITIONAL FEE
A. S. _____	
A. S. _____	
A. S. _____	
TOTAL	
ADDITIONAL FEE	

* If the entry in column 1 is less than the entry in column 2, apply 'II' in reverse.

** If the Highest Number Previously Paid for the THIS SPACE is less than 20, enter 20.

*** If the Highest Number Specified for the THIS SPACE is less than 70, enter:

With highest number previously paid for the **11115 SPACE** or less than 3, enter 'X'.
The highest number previously paid for a **11115** independently. The highest number previously paid for a **11115** independently.

This content of information is requested in 37 CFR 1.15. The information is needed in detail or retain a benefit in the prior which is to be (and to the USPTO to process) an application. Confidentiality is guaranteed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 17 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. This time will vary depending upon the individual case. Any comments and/or suggestions for reducing this time, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, 1401 Rockville Pike, Alexandria, VA 22313-1450. (DO NOT SEND FEE'S OR PUBLISHED DRAWINGS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 5500, Alexandria, VA 22313-5500.)

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